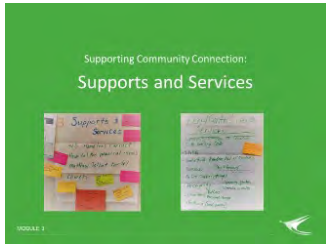
MHCC NDIS CEEP Project Trial Trainer Guide: Module 3 – Supports and Services

Slide/s	Time	Key message/s	Resource/s
1. 	0 – 1 min (1 min)	For the next hour we will be thinking and learning about 'Supports and Services' that are available outside on an NDIS funded package and the mental health sector. Explain that it is important that people are supported to have a life outside of funded services and mental health services in order to have a fulfilling life. Explain that this module builds on the ideas considered in 'Community Inclusion'.	PPT PPT hand out at 3 slides per page and note taking. Module Evaluation Form
2. 	1 – 2 min (1 min)	Inspiring quote – present and briefly discuss. Link to notions of being able to work within your local community to understand the range of supports and services available to people. This idea related to the ILC and LAC that is considered in Module 4 "Embracing Change'.	
3. 	2 – 7 min (5 min)	Activity – ask "What supports and services can you think of that might be available for people living with MH conditions outside on a funded NDIS package or acute mental health services"? Explain that 'acute' means both hospital and community-based mental health crisis services. Document on butchers paper a few people's identified supports and services. This will be revisited against slide 5 and also at the end of the module. You might also highlight any comments related to the need for everyone to acquire a greater knowledge of supports and services outside of the NDIS and MH. After the activity present the activity slide to explain that there are many more people living with MH conditions than will receive NDIS packages (ie 64,000 of 290,000 will get an NDIS package with the gap being 226,000 people) as well as 153,600 MH carers who need help. Explain we will be revisiting this problem in Module 5 'Embracing Change' and that we all need to strengthen our knowledge about mainstream and community supports and services to better help people living with MH conditions. That is, that we need to reduce reliance on NDIS funded services and acute MHSs to help people have more fulfilling lives.	Butchers Paper Markers Blu Tac

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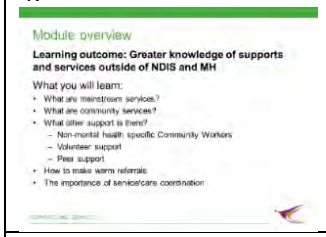
4. 	7 – 10 min (2 min)	Introduce learning module and draft learning outcome: Greater knowledge of supports and services outside of the NDIS and acute MHSs. Briefly reference what you will learn and then ask if people have other expectations of this session. Document other expectations on Butchers Paper (this will also be revisited at the end of the module).	Butchers Paper Markers Blu Tac
5. 	10 – 12 min (2 min)	Explain that the NDIS is part of a broader system of supports and services. Explain that the government has identified these 11 categories of 'mainstream' services as being available to all Australians including people living with disabilities or other forms of diversity. Explore how this list compares to that you placed on the Butchers Paper during the slide 3 opening activity (there will have likely been fewer service types identified). Ask people what they might add to the list?).	
6. 	12 – 15 min (3 mins)	Explain that community services are often delivered by non-government community managed organisations (NGOs/CMOs) but also some non-NGO/CMO government funded mainstream services. Explain that: - Some are government funded and may also receive funding from other sources - Government funded are also 'mainstream' supports & services (although these workers may not identify as being Community Workers but perhaps Public Servants?) Explain that there are also a range of other supports based within our communities. Examples include: community groups, civic and social organisations, arts & cultural organisations, churches and other spiritual centres, sporting clubs, libraries, etc. Ask if people are familiar with Meetup as an example of innovative digital community/social media digital service? Explain, or identify someone to explain, MeetUp. Ask if people are aware of other social media digital platforms that have been useful in community building? Explain that digital media platforms are becoming increasingly important for accessing mainstream and community services (example for mainstream in the MyGov website).	

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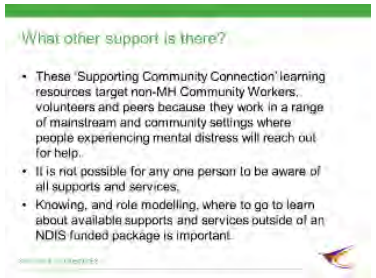
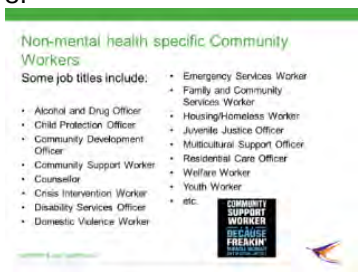
7. 	15 – 17 min (2 mins)	Explain that the "Supporting Community Connection' learning resources target: • Community Workers (especially non-mental health specific like homelessness workers and emergency services workers, etc) • Volunteers working, or interested in working, with people with mental health conditions and/or their host organisations • Peers; this means people with lived experience of mental health conditions and their families/friends whether paid or unpaid supporters. Explain that it is not enough to refer people to the NDIS and that acute MHS (ie, often hospitalisation and medication) are rarely what people want or need. Explain that it is simply not possible for any one person or organisation to be aware of all the supports and services that a person living with a MH condition might benefit from. Explain that knowing, and being able to role model, where to go to find out about available supports and services is very important in empowering people living with MH conditions to self-direct their lives (link to Module 6 Empowerment).	
8. 	17 – 22 min (5 mins)	Explain that this slide shows the job titles of some non-MH specific Community Workers and that there are many others (you don't have to read them out). Explain that people participating in co-design to develop the 'Supporting Community Connection' learning resources struggled to identify good lists of these roles. Some ideas about why this is are: - some people have learned over time to turn to MHS to meet a range of life needs and more recently to NDIS funded supports? - Some people are only identifying helpful workers and unhelpful workers and don't care about job titles/roles or who the organisation is that they work for? - Some people in these job roles feel ill equipped to respond to MH issues (some might refer people back to acute MHSs when they do not need an acute MHS)? Ask "What other mainstream Community Workers might you add to this list" (tell people to refer back to slide 5 on mainstream services for ideas)? Write additional job titles/roles down on butchers paper (people may continue to have trouble doing this?).	Butchers Paper Markers Blu Tac
9.	22 – 25 min (3 min)	This slide identifies some other mainstream workers (although they may not identify as Community Workers or Public Servants).	Butchers Paper Markers

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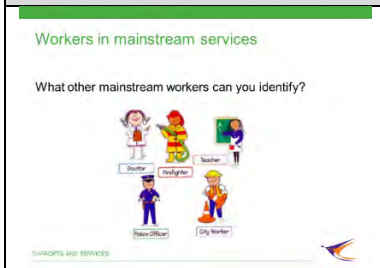		This slide shown some mainstream workers that assist all Australians including people with disabilities and other diversity. Add names to butchers paper if not previously identified. Time permitting explore the following Security Guard in shopping mall assisting a vulnerable person with behaviours that are not working well for her to engage with shop keepers and other mall patrons. Is this a 'community worker'?	
10. 	25 – 27 min (3 min)	Volunteers and their host organisations/programs work, or might be interested to work, with people with MH conditions. Examples of MH specific volunteers would be GROW (peer support for people with MH and substance misuse issues), SVDP Compeer (which matches volunteer 'friends' with people with MH conditions and volunteers within MH NGOs/CMOs. The 'Supporting Community Connections' videos include content about these volunteers. Examples of non-MH specific volunteers and volunteer opportunities are through Volunteering Australia, SVDP (eg, op shops, parish visitors), the Salvation Army, Mission Australia, etc. Volunteering and volunteers provide important opportunities for people to engage with, and be included in, their communities of their choice. This is also a great pathway into paid employment.	
11. 	27 – 30 min (3 min)	Peers are people with lived experience of mental health conditions and their carers, families and kinship groups whether paid or unpaid supporters. Paid Peer Workers include Consumer Workers and Carer Workers. These are sometimes also called Lived Experience Workers. Unpaid peers include carers, family and kinship group. Peer support – both paid and unpaid - is needed both inside and outside of the MH sector to help ensure the community inclusion of people living with MH conditions.	
12.	30 – 31 min	We have been exploring the roles and contributions of non-MH specific community workers, volunteers and peers across a range of support and services types and settings because all of these people need to know how	

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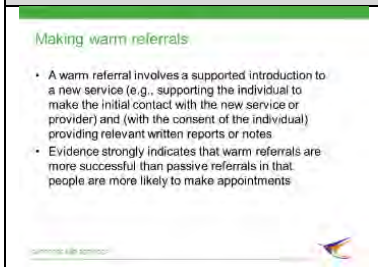
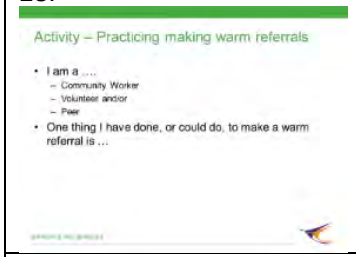
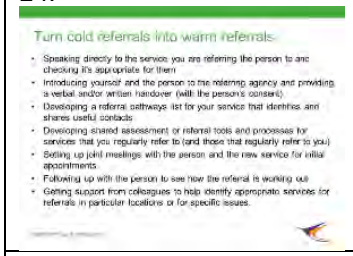
	(1 min)	to make 'warm referrals' to help people living with MH conditions to better access mainstream and community services. A warm referral involves a supported introduction to a new service (e.g., supporting the individual to make the initial contact with the new service or provider) and (with the consent of the individual) providing relevant written reports, notes or verbal information. Evidence strongly indicates that warm referrals are more successful than passive referrals in that people are more likely to make appointments.	
13. 	31 – 36 min (5 min)	Introduce the activity. Ask people to form pairs. Ask people to make a statement to one another "I am a Community Worker, volunteer and/or peer (note as many as apply). One thing I have done, or could do, to make a warm referral is …". Write statements down on coloured post it notes. Provide an example? Ask for a few people to share their statements and list them on butchers paper titled 'Warm Referral Practices'. Put all post it notes on butchers paper labelled 'warm referrals'. The project will use these to learn more about helpful ways of turning 'cold' referrals into 'warm' referrals.	Coloured post it notes. Butchers Paper Markers
14. 	36 – 38 min (2 min)	Say "Here are some ways of turning 'cold' referrals into 'warm' referrals'. How does this compare to some of the ideas identified previously (not all are likely to have been identified).	
15. 	38 – 40 min (2 min)	Service/care coordination, including warm referrals, is essential for helping people to navigate what is an increasingly complicated health and social services system - The challenges of finding needed supports and services are increasing - People living with MH conditions are left to navigate a system that is complex, uncoordinated and not tailored to meet their needs - It is important for all supporters to help people navigate supports and services - People experiencing MH conditions have a right to participate in and benefit from the same community activities as everyone else and be connected and have the information they need to make decisions trainers need to know that these are important as these are the CEEP Project ILC outcomes).	

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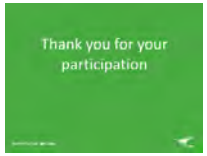
16. 	40 – 50 min (10 min)	Show and discuss video. For discussion: How are the experiences of Community Workers, volunteers, peers and others in this video related to the importance of people being included in the communities of their choice? Encourage people to begin completing the Module Evaluation Form.	Speakers (as required) Video embedded in PPT Back-up internet access to videos (MHCC webpage?) Module Evaluation Form
17. 	50 – 59 min (9 min)	Revisit whether the learning outcome for this module has been achieved: Greater knowledge of supports and services outside of an NDIS funded package and acute MHS (and also see slide 4). Remind learners that we started off by exploring the importance of being able to work within your local community to understand the range of supports and services available to people and about the rights of people with MH conditions to access them (and that no one person would ever be able to know all of them!. Revisit butchers paper for slide 3 "What supports and services can you think of that might be available for people living with MH conditions outside on a funded NDIS package or acute mental health services" and slide 4 'learning expectations'? Ask someone to read out the quote from the 'Right of everyone to the enjoyment of the highest attainable standard of physical and mental health (World Health Organisation, 2019; slide 6 Module 2 'Community Inclusion'. "Good mental health and well-being cannot be defined by the absence of a mental health condition, but must be defined instead by the social, psychosocial, political, economic and physical environment that enables individuals and populations to live a life of dignity, with full enjoyment of their rights and in the equitable pursuit of their potential." Make time to complete the Module 3 USyd evaluation.	Posted Butchers Paper X 2 from beginning of module. Module Evaluation Form
18. 	59 – 60 mins 91 min)	Concluding slide. Thank people for their participation. Explain that tomorrow we will be exploring the three remaining 'Supporting Community Connection' trial modules: Module 4 – Embracing Change; Module 5 – Creating Healing Environments; and, Module 6 – Empowerment. … and now for some Day 1 closing comments.	Trial Training Agenda